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FACSIMILE COVER SHEET

X FACSIMILE COVER SHEET NEW APPLICATION DECLARATION (# Pages) ASSIGNMENT (# Pages) FORMAL DRAWINGS INFORMAL DRAWINGS CONTINUATION APP'N (# Pages) DIVISIONAL APP'N		X AMENDMENT (20 Pages) X EOT (1 Month) NOTICE OF APPEAL (# Pages) ISSUE FEE (# Pages) CHANGE IN CORRESPONENCE ADDRESS X FEE SHEET (Extra Claim and Extension of Time)
NAME OF INVENTOR(S): Janakiraman		Serial No.: 10/709,996
TITLE OF INVENTION:		Filing Date: 6/11/2004
SAR ADC PROVIDING DIGITAL CODES WITH HIGH ACCURACY AND HIGH THROUGHPUT PERFORMANCE		·
TI FILE NO.:	DEPOSIT ACCT, NO.:	
TI-36521	20-0668	
FAXED: 03/24/2005 DUE: 03/03/2005 ATTY/SECY: wds/nc		

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P.03/23 PTO/SB/17 (11-04)

6/11/2004 Date Filed:

Signature

Name (Print/Type)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. Complete if Known Effective on 10/01/2004. Patent Fees are subject to annual revision 10/709,996 **Application Number** FEE TRANSMITTAL 6/11/2004 Filing Date For FY 2005 First Named Inventor Seetharaman Janakiraman Examiner Name Young, Brian K. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2819 Attorney Docket No. TI-36521 TOTAL AMOUNT OF PAYMENT 320 METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) **EXTRA CLAIM FEES** Credit Card Check Money Small Entity Fee Description Each claim over 20 Fee (\$) Fee (\$) \boxtimes Deposit Account: None 200 100 Each independent claim over 3 Deposit 20-0668 Account 360 180 Multiple dependent claims Deposit Account Texas Instruments Incorporated For Reissues, each claim over 20 and 25 More than in the original patent 50 The Director is authorized to: (check all that apply) For Reissues, each independent claim Charge fee(s) indicated below 100 More than in the original patent 200 Charge fee(s) indicated below, except for filing fee Extra Claims **Total Claims** Fee (\$) Fee Paid (\$) Charge any additional fee(s) or underpayments of fee(s) under 37 CFR -20 or 59 (HP) = 1.16 and 1.17 Credit any overpayments Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims -3 or 8 (HP) = to the above-identified deposit account. 200 200 HP = Highest number of total claims paid for, if greater than 20 Other (please identify): Multiple Dependent Claims Fee (\$) Fee Paid (\$) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Subtotal (2) \$ 200 Information and authorization on PTO-2038 Other Fees **FEE CALCULATION** Small Entity **BASIC FILING FEE** Fee Description <u>Fee</u> 55 Fee Pald (\$) 1-month extension of time **Small Entity** 2-month extension of time 450 215 Fee Description Fee (\$) Fee (\$) Fee Paid (\$) 3-month extension of time 1,020 490 Utility Filing Fee 300 150 300 4-month extension of time 1,530 765 Design Filing Fee 350 175 5 - month extension of time 2.080 1.040 Plant Filing Fee 550 275 Information disclosure stmt. fee 180 180 Reissue Filing Fee 790 395 37 CFR 1.17(q) processing fee 50 50 Provisional Filing Fee 160 ខា Non-English specification 130 130 340 170 Notice of Appeal Utility Search Fee 250 500 500 Filing a brief in support of appeal 340 170 Design Search Fee 100 50

Request for oral hearing 300 150 Plant Search Fee 300 150 Other: XX XX Reissue Search Fee 500 250 Provisional Search Fee 0 0 Subtotal (3) 120 Utility Examination Fee 200 100 200 Design Examination Fee 130 65 Plant Examination Fee 160 80 Reissue Examination Fee 600 300 Subtotal (1) \$0 SUBMITTED BY

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